

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Shannon, Supt.
SCI Mahanoy
301 Morea Road
Frackville, Pa. 17931

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Thomas Burns</i> 10-24-00	
C. Signature	
<i>Thomas Burns</i>	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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1. Article Addressed to:

Jeff Leber, Dist. Atty.
of Potter County
One East Third St.
Coudersport, Pa. 16915

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>DENISE MILLER</i>	
C. Signature	
<i>Denise Miller</i>	
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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1. Article Addressed to:

Michael Fisher, Pa. Attorney General
15th Floor, Strawberry Square
Harrisburg, Pa. 17120

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Michael Fisher</i> OCT 24 2000	
C. Signature	
<i>Michael Fisher</i>	
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

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1. Article Addressed to:

Mr. Francis Filipi, Deputy Attorney General
15th Floor, Strawberry Square
Harrisburg, Pa. 17120

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Francis Filipi</i> OCT 24 2000	
C. Signature	
<i>Francis Filipi</i>	
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

<input type="checkbox"/> Yes

S
10/24**FILED
HARRISBURG**

OCT 25 2000

MARY E. D'ANDREA, CLERK
Per *S. E. D'Andrea*
DEPUTY CLERK

100-001713

S. Case 0

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